

Seattle HIV/AIDS Planning Council

Minutes ☿ July 9, 2007

4:00pm - 6:30pm

Safeco Jackson Street Center – 306 23rd Avenue South, 98122

Committee Members Present: *Dennis Bookhart, Madeline Brooks, Heath Bouldin, Shireesha Dhanireddy, Brandie Flood, Bill Hall, Erin Kahle, Craig Kelso, Kieu-Anh King, Higinio Martinez, Andrew Murphy, Kris Nyrop, Jodie Pezzi, Tony Radovich, David Richart, German Rodriguez, Pam Ryan, Erick Seelbach, Karina Uldall, Luis Viquez, Bob Wood*

Committee Members Absent: *Richard Aleshire, Robert Carroll, Charlie Curvin, Jim Elliott, Ron Padgett*

Planning Council Staff Present: Jesse Chipps, Harnik Gulati, Natalia Ospina (minutes)

Health Department Staff Present: Jeff Natter

Guests: Kim vonHenkle (HOPWA), Gerrie LaQuey (Northwest Family Center, applicant for membership), Amy Bauer (Public Health AIDS Epidemiology, applicant for membership), Melinda Giovengo (YouthCare, applicant for membership)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

- The Executive Committee has determined that there is no need for an August meeting, so it has been cancelled. The next Council meeting will be on September 10th at the 2100 Building.
- The July Executive Committee has been cancelled. The next Executive Committee meeting will be on August 27th at Safeco Jackson Street Center.

II. Meeting Agenda

☑ The agenda was approved as written by acclamation.

III. June Meeting Minutes

☑ The June minutes were approved as written by acclamation.

IV. Grantee Updates

Jeff Natter informed the Council that Public Health has granted all of funding that the Prioritization Committee reallocated in June. The Council will be voting on the reallocation tonight. Jeff is still waiting to hear about the MAI award. Funding for the MAI is scheduled to begin on August 1st.

Prevention grantee staff were not present at the meeting, but will present on Public Health's prevention strategic plan at the September meeting.

V. Housing Presentation: Kim vonHenkle from HOPWA (and Jeff Natter)

Kim distributed "AIDS Housing at a Crossroads" (attached to official record) and asked the group to ignore the "Draft"—she printed the draft, rather than the final document.

[Shireesha arrived at 4:11 pm]

Kim noted that the AIDS housing system was created at a time when the need was for low income housing for short periods of time, until people passed away. Over time, the need has changed in that people with AIDS are more likely to be mentally ill, chemically dependent, chronically homeless, and/or have criminal histories and evictions. Therefore, the system, built on old needs, may not be serving those with the greatest need.

[Bill and Brandie arrived at 4:14 pm]

In response to a question about why we talk about “AIDS” rather than “HIV” housing, Kim explained that this was part of the eligibility criteria. There are many more people living with HIV than there are beds, so there must be some criteria to determine who gets housing. HOPWA is piloting a change to the eligibility criteria, so that people do not need to be “AIDS-disabled”, but only “AIDS-diagnosed.” While Ryan White does not have this criteria, it follows the HOPWA rules. Income criteria is 50% of median income. HOPWA would like to “open the door wider”, but fear that they will be overwhelmed with people who are HIV positive.

Within the AIDS Housing continuum, there are about 500 beds—counting Bailey Boushay (which doesn’t really provide ‘housing’ as such, and also has clients other than those with HIV). However, there are a variety of non-AIDS housing programs, but the AIDS system has no way to track how many people need or are housed through those programs. Many case managers know that their clients may not meet the requirements for the AIDS housing system (because of evictions, felony records, and level of illness, etc.) so they don’t refer them to a housing advocates at Lifelong.

Jeff pointed out that HOPWA can pay for both permanent and transitional housing, but Ryan White can only pay for transitional housing.

Kim noted that the AIDS Housing Committee is working to connect AIDS housing with the 10-Year Plan to End Homelessness. By putting some HOPWA dollars into other non-AIDS development projects, they are able to have units set aside within those permanent housing developments. Working with the 10-Year Plan is effective, because it also deals with people who are chronically homeless and disabled.

[Heath and Bob arrived at 4:26 pm]

Jeff spoke about the enhanced services which Ryan White is paying for, which help address mental health, chemical dependency and other issues, in an effort to improve housing outcomes

[Madeline arrived at 4:30 pm]

Jeff spoke of the importance of trying to do new things to address emerging problems. For instance, there was a problem of people being “stuck” in hospitals or Bailey Boushay, who weren’t ill enough for those services, but couldn’t be discharged into homelessness. Multifaith Works, in collaboration with Lifelong, is opening a new 5 to 6 bed respite care house. In addition, Ryan White funds were being used to fund placement in motels, but motels weren’t always safe because they were in areas of drug use, prostitution, etc. They were also expensive. In response to this, Lifelong was able to get beds set aside in better shelter facilities for people with AIDS.

Kim said that the AIDS Housing Committee is getting ready to do an assessment to determine who the people are with AIDS who are “unhousable” and what happens to them.

Brandie asked where the Planning Council could fit in to all of this—whether they might be able to do advocacy. Kim felt that getting involved through the 10-Year Plan was a good idea, as they are dealing with the same issues. Jeff will get a list to Planning Council staff of these public meetings for Council members who are interested in attending.

Jeff pointed out that the Council's ability to fund housing is decreasing on an annual basis. He believes that there will continue to be new limits and criteria on this funding. HOPWA is more flexible, and will have to fill in some of the Ryan White gaps. Many EMAs and TGAs do not fund housing at all from Ryan White funds.

Kim mentioned that one of the confusing things about housing is that each housing facility or individual landlord has their own screening criteria.

VI. Housing Standard of Care

David Richart made a motion to approve the standard, which was seconded by Dennis Bookhart.

☒ The motion passed unanimously.

Dennis Bookhart pointed out that someone from the Council was needed to serve on the Standards Committee when he leaves in October. Members were requested to speak to Dennis or Jesse if they are interested in joining.

VII. Care Increment

The committee which worked on this plan, and included 14 Council members, gave the Grantee permission to go ahead and amend contracts prior to this meeting, due to the fact that 5 months of the grant year had passed. Tony reported that the process went quickly and smoothly, with the group using all additional available data.

Kieu-Anh asked whether all of the Core Services were fully funded. Jeff explained that all of the core service increments proposed by the procurement panel were funded. However, in some cases the procurement panel determined that proposals did not merit funding or further funding. Jeff additionally checked in with each agency for which an increment was proposed, and found out from them how much they could reasonably spend in the remaining months of the contract year, so some of the increment amounts were reduced.

Kieu-Anh was concerned that, with these additional funds, there would be an increase in service availability, which would then recede in 2008. Jeff explained that it is always impossible to know what the next year's funding may be, so there may be small changes from year to year. The type of services offered will not change, but more people will be served during this "bump".

David Richart made a motion to accept the plan for the 2007 grant year. Bob Wood seconded the motion.

☒ The care increment plan for 2007 was approved unanimously.

David asked that the Council also approve these allocations for the 2008 grant year. He explained that no new data would be available with which to make changes (the needs assessment will not have been conducted, no additional performance and expenditure data will be available, and evaluations would not be due for several months). The Council would amend the plan (as they did today) if there were new information, such as changes to other fund sources, or to Ryan White itself. Jesse noted

that the usual timeline for a full prioritization was March through June of the previous year (which has already passed), and that one-day “mini” prioritizations between the two years of a funding plan generally take place in June. Essentially, at its June meeting, the Prioritization Committee did a mini prioritization, and was provided with and used the most current performance data.

Bob Wood made a motion to accept the plan that was accepted for 2007 for 2008 as well, with the understanding that there could be adjustments to the plan made in the fall based on other data. German Rodriguez seconded the motion.

Kris noted that we are currently in calendar year 2007, but this plan would be approved through February of 2009, which seemed like a long time. Jesse explained that, while the prevention “year” is January through December, and planning for it takes place in January-March of the previous year (10-12 months before the contract year begins), the care “year” is March through February, and planning takes place in March through June of the previous year (9-11 months before the contract year begins). Both care and prevention plans are for two full years. There is rarely a “mini prioritization” for prevention (it was only done when the CDC guidance changed significantly), but there are often chances to “check in” with care. Kris pointed out that he didn’t want to hold up the process, but is interested in doing additional collaboration between care and prevention, and this is difficult to initiate when the care plan runs through February of 2009, and the prevention plan runs through December of 2009. He is interested in granting prevention the flexibility to make adjustments for external funding changes, just as care does.

Kieu-anh said that he would like to tally up what services have been lost due to the 75% to core services rule. It might be possible to get other non Ryan White funding to replace those services.

Karina made a friendly amendment that the Council determine what criteria will cause the Council to amend the plan for 2008. The amendment was accepted by Bob Wood and German Rodriguez who made and seconded the initial motion.

Karina felt that, because there has been a lot of change this year to services, that the Council may want the flexibility to make major changes. Jeff explained that, while adjustments could be made within current contracts, it is already past the time in which the Council would need to develop a major change that would require an RFP. Karina felt that there would be evaluation data which could be used, but Jeff explained that the evaluation data was not due from agencies until March of 2008. However, making small adjustments based on external funding, or under/over performance by agencies could be done without putting out an RFP. Brandie said she was not interested in making any big changes, because two quarters worth of performance data is not enough to judge a program by—especially if they have just had a contract amendment now which gave them additional funding and services to provide August through March. Karina requested clarification of what it would mean to come back in the fall, and requested that the group outline what additional data sources, perhaps outside of the Council, could be used. Pam said that the group could set a threshold “if X happens we meet” to determine if the prioritization committee needs to meet. The Council usually has the committee meet if there is external data, a different amount of funding in Ryan White, or issues with performance. However, she would not want the committee to meet if it was not necessary.

This led to a general discussion about when the Council has the ability to reconvene its prioritization committee to make amendments to a current or upcoming plan. Dennis explained that the Council can do this whenever it is needed, so long as it is done for a solid reason, and that the scope of changes do not lead to the need for an additional RFP process, which delays extending the funds. The 2007 plan was used as an example of the Council reconvening the prioritization group a couple of times in response to reauthorization, changes in the MAI process, and the increment received. Members began to feel that adding language about specifying when the prioritization committee would be called back was too complex, and that the Council could better determine that as new information

came to light. Pam clarified that, because there was a motion with a friendly amendment on the table, that if members wanted to approve the motion, but not the friendly amendment, they should vote “no” to this motion, and propose another motion.

⊗ The motion failed, with 14 opposed, Karina, Kris and Erin in favor, and Brandie, Madeline and Heath abstaining.

Dennis Bookhart moved to use the 2007 care plan for 2008 as well, with the understanding that the Council would retain its right to make adjustments. Brandie Flood seconded the motion.

✓ The motion passed with 18 in favor, Karina and Erin opposed.

VIII. Care Comprehensive Needs Assessment

Harnik reported that the needs assessment workgroup met several months ago and made changes to the survey to make it more relevant to the reauthorized Ryan White Act. He reminded the group that this assessment provided the core information used in care prioritization. It asks both providers and consumers about priorities for and gaps in services in the continuum of care. Through the changes made, the survey is now shorter, which makes it more likely that more people will take the time to fill it out. The survey will be translated into Spanish, and will be distributed at the end of August—being out in the community for about six weeks. Because of the great success in using the ADAP mailing list for an assessment for the rest of the state in 2006, these surveys will be mailed to all King County clients on the ADAP mailing list who allow mail to be sent to them. That’s about 1800 clients. For non-ADAP clients, and those who don’t get mail, we will provide the survey to providers who can get it to their clients.

Pam asked about confidentiality issues. Harnik explained that EIP mails out information 3-4 times a year to the list, and that the survey will be under cover. Those people who do not want mail referring to HIV, or which has the DOH return address list their case manager as their address. This method was used for clients in every other county in the state in 2006, and there were no complaints. Pam determined that Madison Clinic will review this and ensure that people who are not out about their HIV status to those they live with do not receive this mailing.

Erick, relating back to Kris’ comment about a closer care/prevention relationship, wondered whether there were prevention-related questions on the survey. Harnik answered that there had been such questions on previous surveys, but they had been eliminated for this survey. Jesse pointed out that there was a request to add client satisfaction questions to the survey, so there may need to be an additional meeting of the workgroup to finalize the document. Harnik will include Erick in setting up that meeting, and the group can determine whether prevention questions should be added.

Tony asked whether there was a question on the assessment related to the back-to-work issue. Harnik said that they would include a question from the mini assessment.

Kris asked whether marijuana was specifically asked about on the survey. Harnik said that the survey asks about a variety of drugs separately, “Marijuana for non-medical purposes” is one of those.

IX. Membership Committee

Dennis announced that Lina Ali has withdrawn her application due to health reasons. The Council is in need of Foreign Born Blacks. Several candidates for the Council were present at tonight's meeting. Melinda Giovengo had to leave early, due to childcare issues. Amy Bauer, the applicant for Erin Kahle's epidemiologist position, was present as well. Tonight was Erin's last meeting, as she is leaving to take a job at the University of Washington. Maureen McEliece was supposed to be present, but did not show.

David, noting the flier which was handed out at the beginning of the meeting asked for clarification about whether the Council was looking for HIV+ people in general, or specifically unaligned Ryan White consumers. It was clarified that consumers were needed, but that was too confusing to put on a poster, so it gets clarified with people when they call. Craig and Dennis will be leaving the Council in October (on the day of the October Council meeting, in fact).

Dennis introduced Gerrie LaQuey, who is to be voted on tonight as Kurt Wuellner's replacement (Ryan White Part D representative). Gerrie is the program manager for Northwest Family Center, where she has worked for 15 years. She told the Council that she is an RN and has her master's degree in cross cultural nursing. She served on the Council previously, and was care co-chair and membership committee co-chair. She noted that she was known as the "Goddess of Goodies".

Jesse noted that, per the Open Meetings laws, all votes must be open, and therefore the vote should be by a hand vote.

Dennis Bookhart made a motion to approve Gerrie LaQuey as a member of the Council, forwarding her nomination for approval by the County Executive. Erick Seelbach seconded the motion.

☑ The motion passed unanimously.

It was pointed out that the Membership Committee needs new members, and a co-chair, with Erin Kahle leaving.

X. Other Business/Next Meeting

The "Return to Work" committee will meet on July 24th from 3 pm to 4 pm at the Yesler Building, on the 3rd floor. David, Tony and Karina have volunteered for the committee, but others interested in the topic are encouraged to join. Members were asked to contact Natalia if interested. Non-Council members are also welcome to join this committee.

Shireesha announced that Madison Clinic is starting a satellite clinic in Kitsap County (Bremerton, specifically) to serve clients on the peninsula. She, Bob Harrington and Nina Kim will be the providers. They hope to bring some people who are not currently in care into care. They are in the Norm Dicks Public Health building, a couple of blocks from the ferry in Bremerton.

The meeting was adjourned.